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CONFIRMATION NO. 1140

<b>SERIAL NUMBER</b> 10/817,331	<b>FILING OR 371(c) DATE</b> 04/02/2004 <b>RULE</b>	<b>CLASS</b> 800	<b>GROUP ART UNIT</b> 1633	<b>ATTORNEY DOCKET NO.</b> D0590.70005US01
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CIP of 09/550,107 04/14/2000 PAT 6,787,125 which claims benefit of 60/129,596 04/15/1999  
 Q.N. O.K.

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
 UNITED KINGDOM 9908670.4 04/15/1999  
 Q.N. O.K.

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
 \*\* 06/18/2004

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> SWEDEN	<b>SHEETS DRAWING</b> 19	<b>TOTAL CLAIMS</b> 30	<b>INDEPENDENT CLAIMS</b> 3
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <u>[Signature]</u> Initials: <u>Q.N.</u>				

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**TITLE**  
 Compound screening method

<b>FILING FEE RECEIVED</b> 540	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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